## **Application Data Sheet**

## Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD\_R?:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence Submission:: No

Computer Readable Form (CRF)?:: No

Title:: CONVEYOR LUBRICANT, PASSIVATION OF A

THERMOPLASTIC CONTAINER TO STRESS

CRACKING AND THERMOPLASTIC STRESS CRACK

**INHIBITOR** 

Attorney Docket Number:: 163.1404USC2

Request For Early Publication:: No

Request For Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity:: No

Latin Name:: N/A

Variety Denomination Name:: N/A

Petition Included:: No

Petition Type:: N/A

Licensed US Govt. Agency:: N/A

Contract or Grant Numbers:: N/A

Secrecy Order in Parent Appl.?:: No

Initial 10/614,474 07/07/03

## Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**USA** 

Status::

Full Capacity

Given Name::

**KIMBERLY** 

Middle Name::

l.,

Family Name::

PERSON HEI

Name Suffix::

City of Residence::

**BALDWIN** 

State or Province of Residence::

WISCONSIN

Country of Residence::

USA

Street of mailing address::

**2224 30TH AVENUE** 

City of mailing address::

**BALDWIN** 

State or Province of mailing address::

**WISCONSIN** 

Country of mailing address::

**USA** 

Postal or Zip Code of mailing address:: 54002

## Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

USA

Status::

Full Capacity

Given Name::

JOY

Middle Name::

G.

Family Name::

HERDT

Name Suffix::

City of Residence::

**HASTINGS** 

State or Province of Residence::

**MINNESOTA** 

Country of Residence::

USA

Street of mailing address::

11600 LEEWARD AVENUE SOUTH

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City of mailing address::

**HASTINGS** 

State or Province of mailing address::

**MINNESOTA** 

Country of mailing address::

**USA** 

Postal or Zip Code of mailing address:: 55033

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**USA** 

Status::

Full Capacity

Given Name::

LI

Middle Name::

Family Name::

MINYU

Name Suffix::

City of Residence::

OAKDALE

State or Province of Residence::

**MINNESOTA** 

Country of Residence::

USA

Street of mailing address::

**7021 19TH STREET** 

City of mailing address::

OAKDALE

State or Province of mailing address::

**MINNESOTA** 

Country of mailing address::

USA

Postal or Zip Code of mailing address:: 55128

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

USA

Status::

**Full Capacity** 

Given Name::

KEITH

Middle Name::

DARRELL

Family Name::

LOKKESMOE

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Name Suffix::

SAVAGE City of Residence::

**MINNESOTA** State or Province of Residence::

USA Country of Residence::

14463 MONTEREY AVENUE Street of mailing address::

SAVAGE City of mailing address::

State or Province of mailing address:: **MINNESOTA** 

**USA** Country of mailing address::

Postal or Zip Code of mailing address:: 55378

Applicant Information

Applicant Authority Type:: Inventor

**USA** Primary Citizenship Country::

Full Capacity Status::

**QUANG-JONG** Given Name::

**JASON** Middle Name::

WEI Family Name::

Name Suffix::

MENDOTA HEIGHTS City of Residence::

State or Province of Residence:: **MINNESOTA** 

Country of Residence:: USA

619 PONDVIEW DRIVE Street of mailing address::

City of mailing address:: MENDOTA HEIGHTS

State or Province of mailing address:: **MINNESOTA** 

USA

Postal or Zip Code of mailing address:: 55120

Country of mailing address::

Initial 10/614,474 07/07/03

# Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

**USA** 

Status::

Full Capacity

Given Name::

**MICHAEL** 

Middle Name::

E.

Family Name::

BESSE

Name Suffix::

City of Residence::

**GOLDEN VALLEY** 

State or Province of Residence::

**MINNESOTA** 

Country of Residence::

**USA** 

Street of mailing address::

7450 WINNETKA HEIGHTS

City of mailing address::

**GOLDEN VALLEY** 

State or Province of mailing address::

**MINNESOTA** 

Country of mailing address::

**USA** 

Postal or Zip Code of mailing address:: 55427

# Correspondence Information

Correspondence Customer Number::

23552

# Representative Information

Representative Customer Number::	23552

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## **Domestic Priority Information**

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
	Continuation of	60/149,095	08/16/99
	Continuation of	60/149,048	08/16/99
<del></del>	Continuation of	09/441,881	11/17/99
	Continuation of	09/595,835	06/16/00
	Continuation of	09/596,599	06/16/00
	Continuation of	09/596,697	06/16/00

# Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
PCT	US00/22190	04/14/00	Yes

## **Assignee Information**

Assignee Name::

Ecolab Inc.

Street of mailing address::

**Ecolab Center** 

City of mailing address::

St. Paul

State or Province of mailing address::

Minnesota

Country of mailing address::

USA

Postal or Zip Code of mailing address:: 55102